

Name in Full:

Certificate of Death

Died at

Date

Male

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John B. F. Barnes
T. N. S. CountyDied at Sykesville Carroll MARYLAND
Date 1902 Dec 14 Age 17 10 23 Md Laborer
Male White Married Widow Divorced
Female Colored Single Widower Number of children livingJosiah Barnes Mother's Name Sarah J. Barnes
Cause of Death Primary Typhoid Fever
Immediate Death Dysentery & Heart Failure
How long sick 4 days & 2 days
Accident, Suicide, Homicide
Reported by C. H. Neffinger, M.D.
Address Sykesville, Md.



George B. Rice

Town

County

Died near Eldersburg, Carroll

MARYLAND

Date 1902 Dec. 27 Age 84 10 - Summer 1902
 Male White Married ~~Widow~~ ~~Single~~
~~Single~~ ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living one

Husband of Catherine Rice
~~Wife~~

Father's Name _____ Mother's Name _____

Cause of Death { Primary Senility 154 How long sick 4 weeks
 Immediate Bronchitis
 Accident, Suicide, Homicide

Reported by MD Morris, MD.

Address Eldersburg Md.



Name in Full

Certificate of Death

Infant of Thos. E. Powers
 Town Eldersburg. County Carroll MARYLAND
 Died near Eldersburg. Carroll

Date 1890 2 Month Dec. Day 28 Y. - M. - D. - Native of md. Occupation none
 Male White Married Widow Deaf
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living -

Husband
 of

Father's Name Thos. E. Powers Mother's Name Matilda Dells

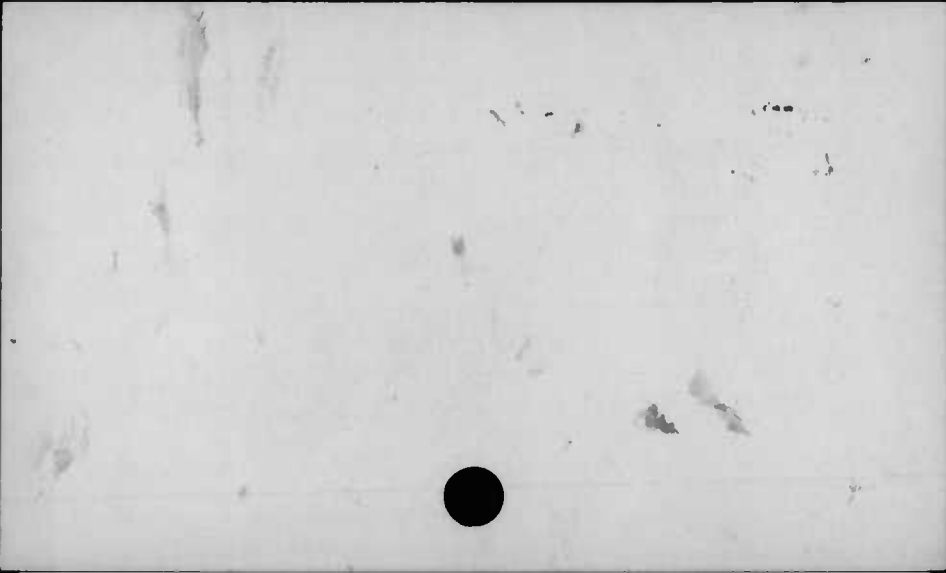
Cause of Death { Primary Breach presentation D. How long sick -
 Immediate Still born ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by M. Morris. Md.

Address Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name in Full

Certificate of Death

Sallie Bryntice

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

12 15

Age 29 9 10

Md

None

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primery

Bright's Disease

How long sick

18 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

C P Baile - Undertaker

Address

New Windsor, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No. 20. 20. 20.

Name
in
Full

John Henry Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Sykesville^{County} Carroll

MARYLAND

Date of death 1902 Dec

Day 24

Age 68 Years

Months 6

Days 2

Sex Male

Color or Race White

Birth-place Carroll Co Md

Married, Single or Widowed Yes

Occupation Farmer

Name of Wife or Husband Hannah A Brown

Father's Name John Westley Brown

Father's Birthplace Carroll Co

Mother's Maiden Name Elizabeth Allen

Mother's Birthplace Carroll Co

Name of person giving information Hannah A Brown

How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Necrosis of Tibia 146 50 Years

Immediate Paralysis of heart How long immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician Daniel B. Sprecher

Address Sykesville Maryland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1902	Month	12	Day	14	Age	Years 77
Sex	Male		Color or Race	Colored		Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	2 years
Immediate	Heart Disease	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Marnie

Dorsey

CERTIFICATE OF DEATH

Died at ^{Town} Sykesville^{County} Carroll

MARYLAND

Date

of death 1907

Month

Dec

Day

4

Age

Years

19

Months

7

Days

24

Sex

Female

Color or
Race

African

Birth-
place

Sykesville

Married, Single
or Widowed

Married

Occupation

House Girl

Name of Wife or
Husband

Gustavus Dorsey

Father's
Name

Robert Ennis

Father's
Birthplace

Frost Co Md

Mother's
Maiden Name

Henrietta Green

Mother's
Birthplace

Howard Co "

Name of person giving
information

George Green

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Tuberculosis

How long

8 mos

Immediate

Uremia

~~Uremia~~

Convulsions

How long

3 or 4 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

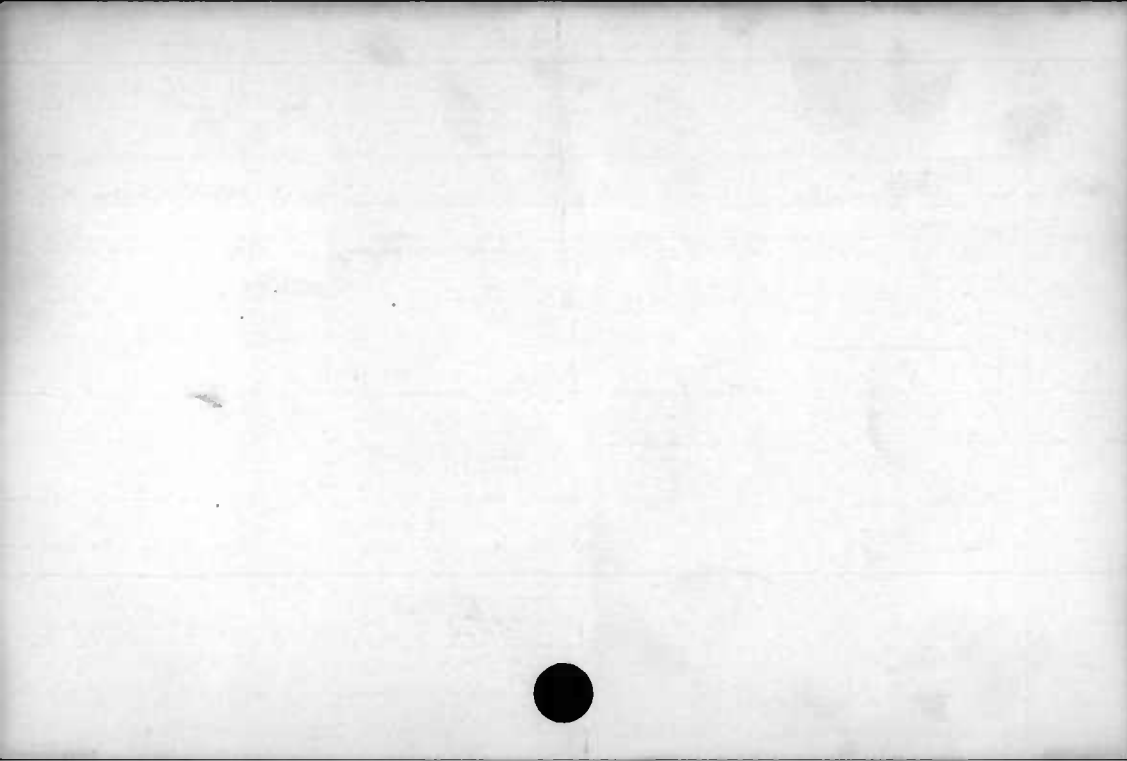
Daniel B. Sprecher M.D.

Address

Sykesville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Robert Emmis

Town

County

Ogysessville

Carroll

MARYLAND

Died at

Date 189

2

Month

Day

Y.

M.

D.

Native of

Occupation

Dec 7

Age

48

Laborer

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

4

Husband

of

Henretta Emmis

Father's

Name

Mother's

Name

Cause of

Primary

Consumption

How long sick

10 mos

Death

Immediate

Heart Syncope

Accident, Suicide, Homicide

Reported by

A B Spence M.D.

Address

Ogysessville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78708



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

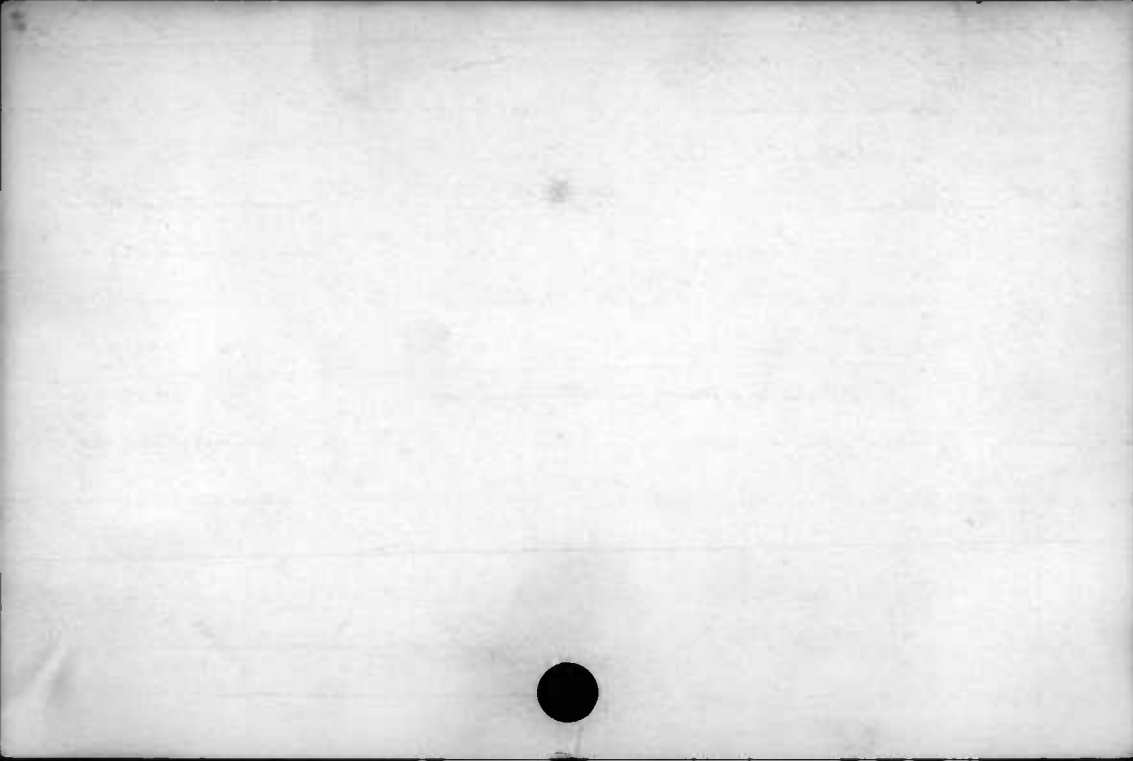
MARYLAND

²⁹⁰
Francis J. Trizzell
Gaithersburg
Died 11/2
Date of death 1902
Month dec
Day 14
Age 40
Years 40
Months
Days
Sex male
Color or Race white
Birth-place Maryland
Married, Single or Widowed Widower
Occupation Saddler
Name of Wife or Husband Lorusa Fryman
Father's Name William Trizzell
Father's Birthplace Maryland
Mother's Maiden Name Catharine Baile
Mother's Birthplace Maryland
Name of person giving information William N. Bloom.
How related to deceased Brother-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Failure 11/2
How long 6 months
Immediate Sclerosis of Liver
How long
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician J. D. Coonan M.D.
Address 11 Westinghouse
m.k.
Accident or Suicide?



Name in Full

Certificate of Death

No 74

Edgar A. Briffin

Died at

Town

County

Middleburg

Carroll

MARYLAND

Date 189

1902

Month

Day

12, 22

Age

Yr.

M.

D.

11 -

Native of

Carroll Co

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Lewis Briffin

Mother's

Name

Mary Briffin

Cause of

Primary

Cholera Infantum

How long sick

2 wks

Death

Immediate

Accident, Suicide, Homicide

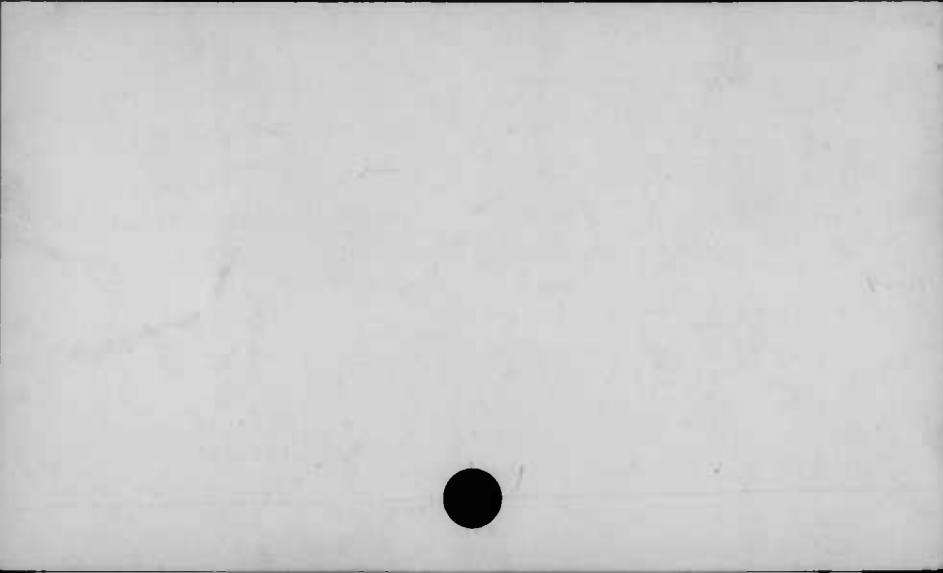
Reported by

H. Lumbin Brown

Address

Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

287

Annie Groff

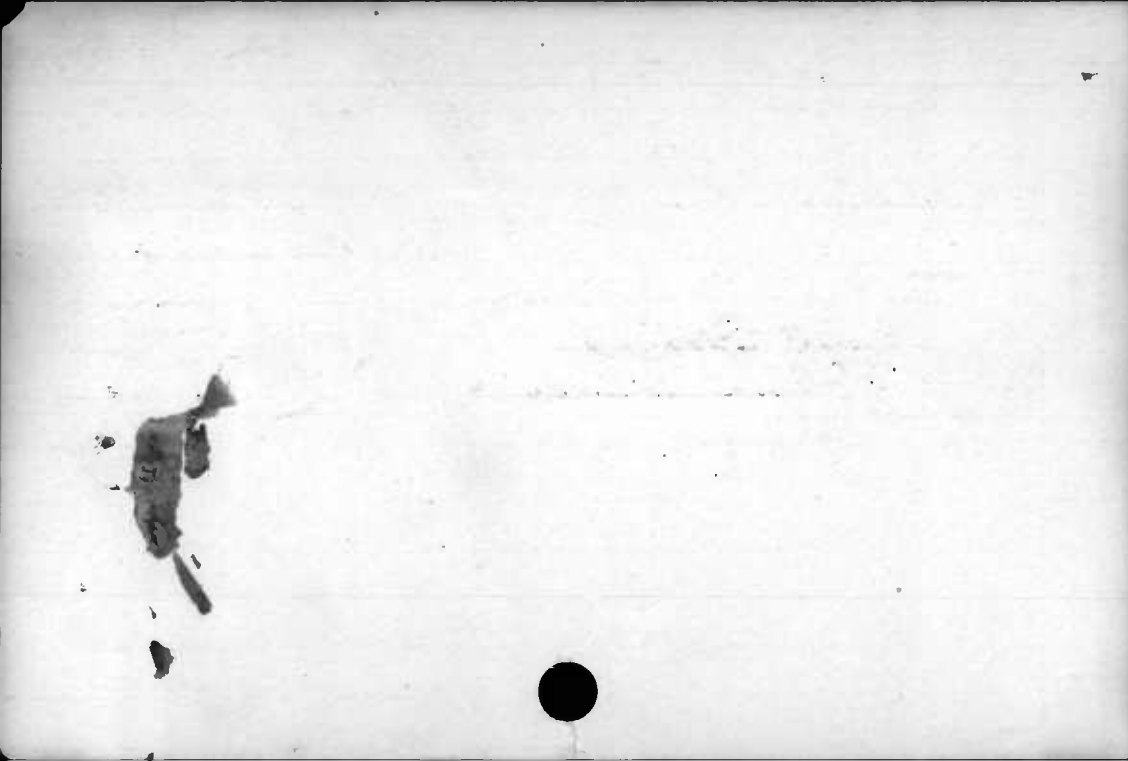
CERTIFICATE OF DEATH

MARYLAND

Died at <i>Westminster</i>		County <i>Carroll</i>	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>2</i>	Age <i>46</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	Months <i>6</i>
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>		
Name of Wife Husband <i>Samuel Groff</i>			
Father's Name <i>Samuel Willhite</i>		Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Julia Linard</i>		Mother's Birthplace <i>—</i>	
Name of person giving information <i>Samuel Groff</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

Primary <i>Apoplexy</i>	How long <i>3 weeks</i>
Immediate <i>Heart failure</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jas. H. Bellingslee M.D.</i>
<i>Yes</i>	Address <i>Westminster Md</i>
Accident or Suicide? <i>—</i>	



Name In Full

Certificate of Death

Morgan Haines
Died at *Mt. Airy* ^{Town} *Carroll* ^{County} MARYLAND

Date 19 *2* ^{Month} *Dec* ^{Day} *26* | Age *22* ^{Y.} *10* ^{M.} *9* ^{D.} | Native of *Md* | Occupation

Male ☒ ~~Female~~ | White ☒ ~~Colored~~ | Married ☒ ~~Single~~ | ~~Widow~~ ☒ ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband
of
Wife

Father's
Name

Mother's
Maiden Name

Cause of ☒ Primary

How long sick

Death ☒ Immediate

Accidental

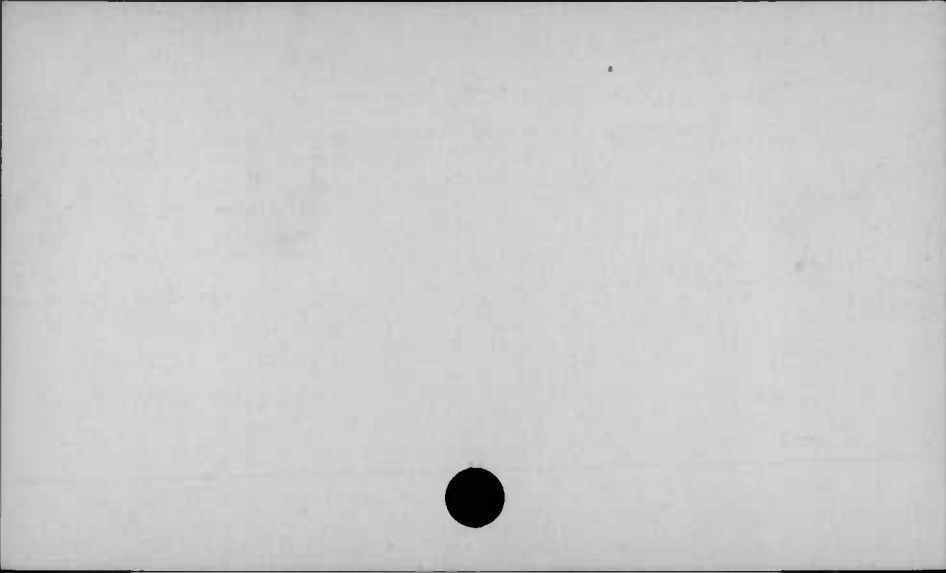
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



William Harvey

Town

County

Died at

Grave Run

Barroll co

MARYLAND

Date

1902

Month

Day

Dec

4

Y.

M.

D.

Age

74

Native of

Occupation

Farmer

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia

93

How long sick

5 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. M. Kish, M. D.

Address

Grave Run

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Susan M. Hawk.

near ^{Town} Harney

County Carroll

MARYLAND

Died at

Date 1902

Month 12 Day 12

Y. M. D. 58-9-3

Native of

Occupation

md Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

8.

Husband of

Samuel Hawk.

Wife

Father's

Name

John Brook

Mother's

Maiden Name

Julian Brook

Cause of Primary

Septicemia

Death Immediate

Heavy clot,

Gut Abscess.

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Address

20



Ganeytown. Md.

Must be signed by physician, if any in attendance. otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

12th and 1st Jay St.
Henry Kemper

D. E. Gardner

Town

County

Died at

MARYLAND

Date 1902 12 15 Y. 68 M. 7 D. 18 Native of Adams Co. Pennsylvania Occupation Miller

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living —

Husband

of

Sarah Ann Kemper 56

Father's

Mother's

Name

Name

Cause of

Primary

Alcoholic Excess

How long sick —

Death

Immediate

Exposure

Accident, Suicide, Homicide

Reported by

Harry Gardner T.W.

Address

Harney Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Clementine Kimmel

CERTIFICATE OF DEATH


289

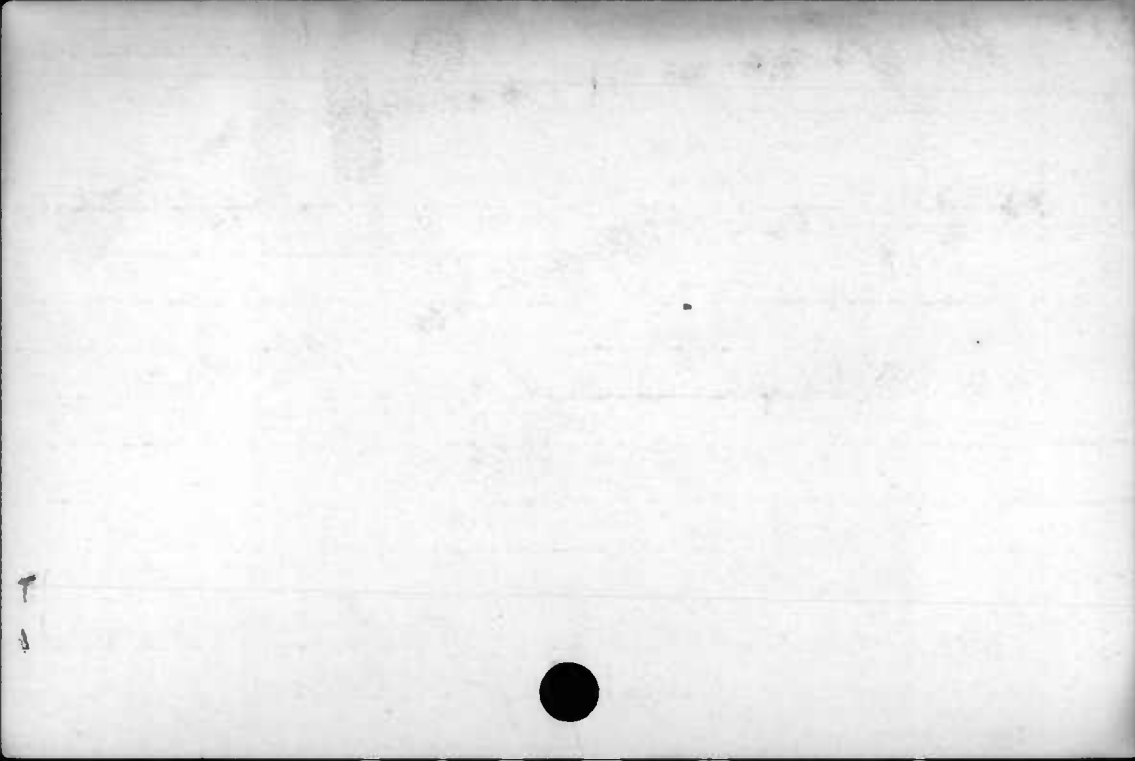
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death 190 <i>2</i> Month <i>Dec.</i> Day <i>12</i>	Age <i>96</i> Years		Months		Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>		Occupation _____			
Name of Wife or Husband _____					
Father's Name <i>Dont know</i>			Father's Birthplace		
Mother's Maiden Name <i>Dont know</i>			Mother's Birthplace		
Name of person giving information <i>M. B. Shellenum</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	How long <i>40 or 50 days</i>
Immediate <i>Heart failure</i>	How long <i>Detto</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jas. H. Billingslea M.D.</i>
	Address <i>Westminster Md.</i>
Accident or Suicide?	



Name
in
Full

Hiram Klausmann

CERTIFICATE OF DEATH

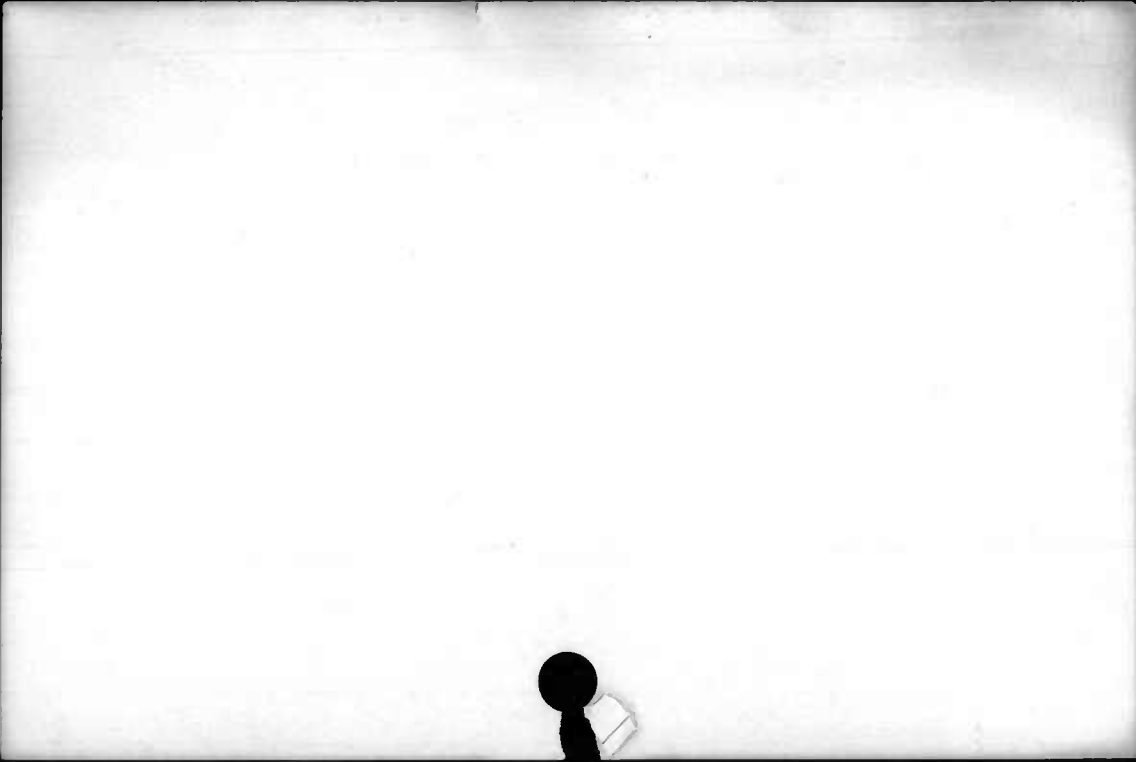
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Londonsville		County Carroll		MARYLAND					
Date of death 1902		Month Dec		Day 16		Age 67		Months 10		Days 10	
Sex Male		Color or Race White		Birth- place Balto. City							
Married, Single or Widowed		Married		Occupation		Shoemaker					
Name of Wife or Husband		Sarah Klausmann									
Father's Name		Henry Klausmann					Father's Birthplace		Germany		
Mother's Maiden Name		Katherine Bender					Mother's Birthplace		Germany		
Name of person giving Information		lost					How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Apoplexy		How long		1 day	
Immediate		Heart Failure		How long		1 hour	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. L. N. Gorschuch	
				Address		Gaumher	
						Md	
Accident or Suicide?							



Name
in
Full

Miranda Linton

CERTIFICATE OF DEATH

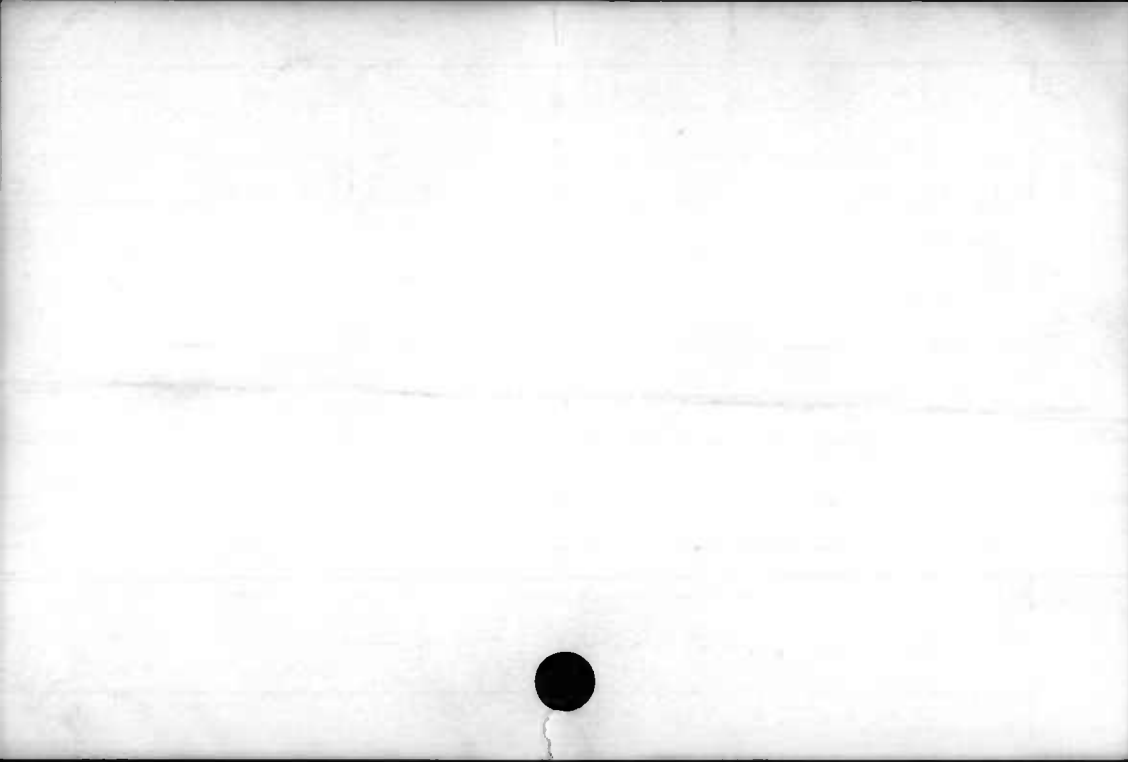
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Gist Town		Carroll County		MARYLAND				
Date of death 190	2	Month Dec	Day 23	Age	90	Years	Months 11	Days	7	
Sex	Female		Color or Race	White		Birth- place	Maryland			
Married, Single or Widowed	Widow			Occupation					None	
Name of Wife or Husband										
Father's Name						Father's Birthplace				
Mother's Maiden Name						Mother's Birthplace				
Name of person giving In formation						Geo Frost				
						How related to deceased				Son-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	36 hours
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S. N. Gorsuch	
		Address	
		Gambler Md	
Accident or Suicide?			



Rebecca Reaver
 Town County Carroll

Died at Loupville

MARYLAND

Date 1902 Month December Day 19th Age 82 Y 2 M 2 D Native of Maryland Occupation House-wife
~~Male~~ White Married ~~Single~~ ~~Widow~~
 Female Colored ~~Single~~ Number of children living 5

Wife of Washington Reaver

Father's Name Mother's Name

Cause of Death Primary Broncho-Pneumonia
 Immediate Exhaustion
 How long sick 4 weeks
~~Accident Suicide Homicide~~

Reported by George T. Matter M.D.

Address Taneytown, Md.



Name
in
Full

Elizabeth Reid

CERTIFICATE OF DEATH

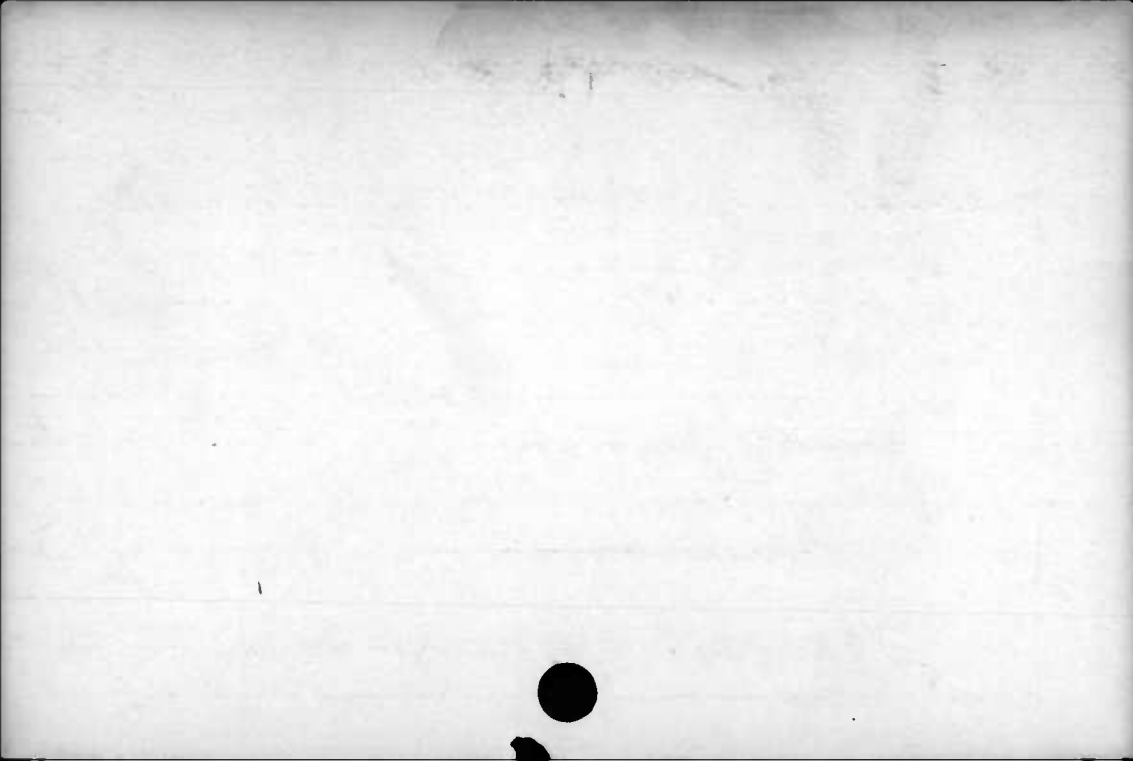
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190	2	Month	Dec	Day	31
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>Widow</i>		Occupation			
Name of Wife or Husband <i>Charles A Reid</i>					
Father's Name <i>Joshua Warfield</i>				Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Wesley Davis</i>				How related to deceased <i>adopted son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septicemia</i>	How long <i>Seven weeks</i>
Immediate <i>Uræmia</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. J. Hanning</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>No</i>	<i>Maryland</i>



Name in Full

Certificate of Death

David Royer

Town

County

Died at

Fryellbury

Carroll

MARYLAND

Date 1890

01

Month

Day

Y.

M.

D.

Native of

Occupation

Dec.

5

Age

40

Carroll Co. Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 3

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Emma Smelser

John Royer

Elizabeth Guinan

Pneumonia

5 days

Accident, Suicide, Homicide

Jacob Rinchart M.D.

Fryellbury Md.



Name in Full

Certificate of Death

Joseph Suavely
 Town County

(73)

Died at

Union Bridge Carroll
 Month Day

MARYLAND

Date 19

02

12 32

Age

60

M.

D.

Native of

Occupation

Machinist

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

2

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

La grippe

How long sick

10 days

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

H. Herbin Brown M.D.

Address

Union Bridge.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Frank J. Sherman
Vermont Bureau

Name
in
Full

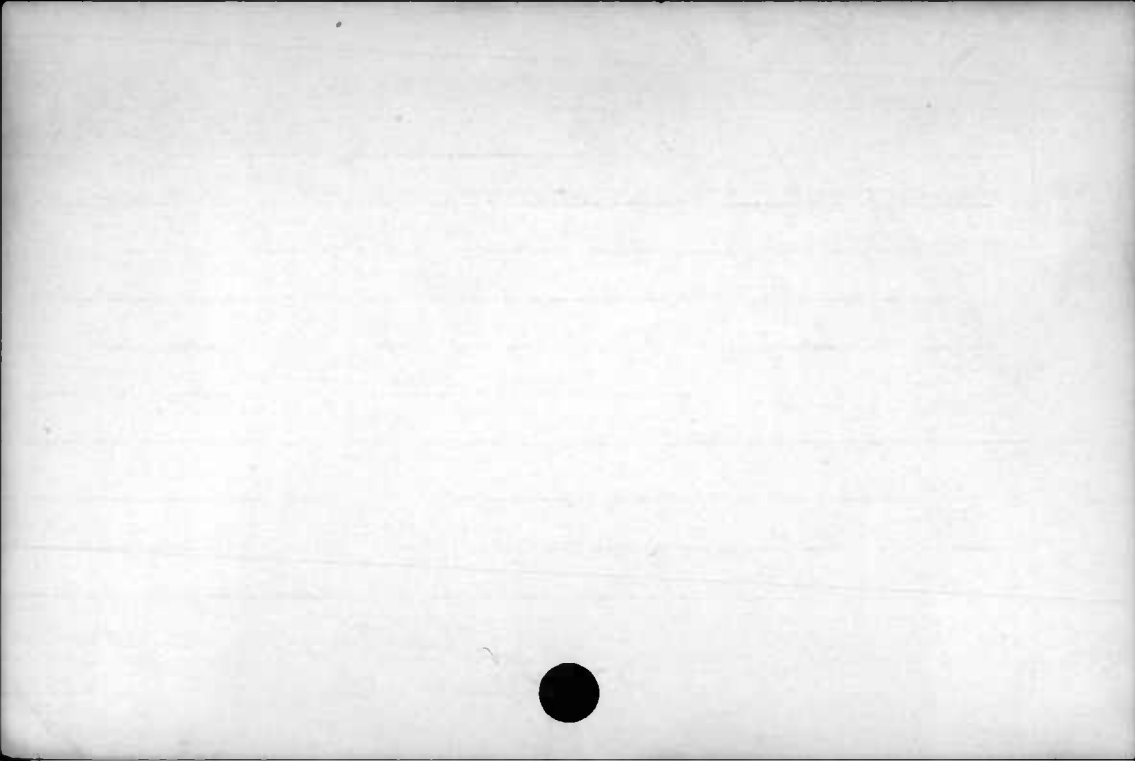
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Harry H Taylor</i>		Town <i>Hockesville</i>		County <i>Carroll</i>		MARYLAND	
Died at		Month <i>12</i>		Day <i>1</i>		Years <i>23</i>	
Date of death <i>1902</i>		Months <i>3</i>		Days <i>28</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Hockesville</i>			
Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> or Widowed <input type="checkbox"/>				Occupation <i>Farmer</i>			
Name of Wife or Husband _____							
Father's Name <i>Geo Taylor</i>				Father's Birthplace _____			
Mother's Maiden Name <i>Mary Ann McLes</i>				Mother's Birthplace _____			
Name of person giving information <i>Mother</i>				How related to deceased _____			

CAUSES OF DEATH *27*PHYSICIAN
OR CORONER

Primary _____		How long _____	
Immediate <i>Pulmonary Tuberculosis</i>		How long <i>3 yrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Edgar M. Bush M.D.</i>	
		Address <i>Hampstead, Md.</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name in Full

Certificate of Death

William Vaughan

Town

County

Died at

Pancetown Carroll

MARYLAND

Date

Month

Day

Y

M

D

Native of

Occupation

1902

12 14

Age

76-8-18

Md.

Felder.

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

5

Husband

of

Mariah Vaughan

Father's

Name

Joshua Vaughan

Mother's

Name

93

Lucas.

Cause of

Primary

Pneumonia

How long sick

One week.

Death

Immediate

Cardiac Failure

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

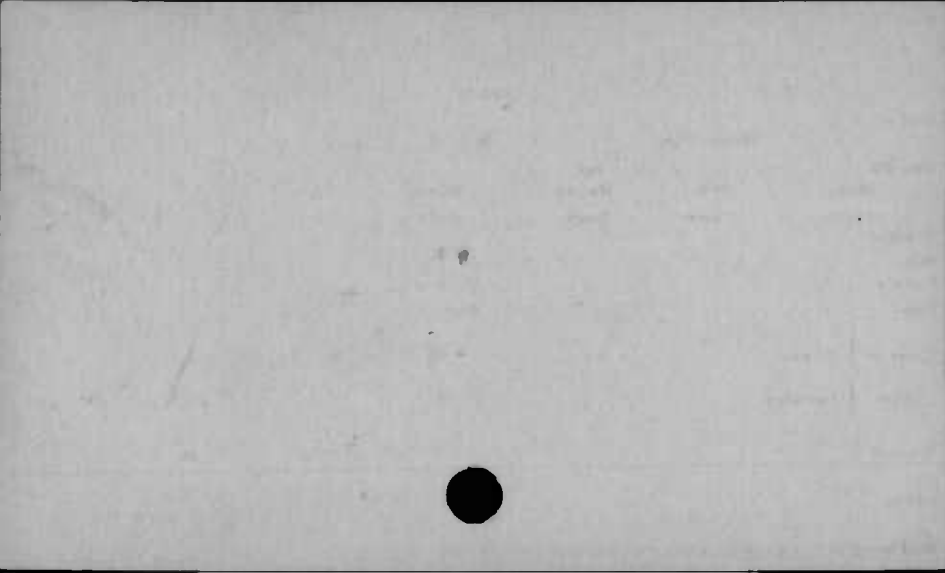
G. H. Lewis, M.D.

Address

Pancetown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968



Name in Full

Certificate of Death

Agnes Meant. ✓

Died at ^{Town} Harney^{County} Carroll

MARYLAND

Date 1902 ^{Month} 12 ^{Day} 6 ^{Age} 81 ^{Y.} 11 ^{M.} 28 ^{D.} ^{Native of} md ^{Occupation} Housewife.~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~ ^{Female} ~~Single~~ ^{Widower} ^{Number of children living} Six~~Wife~~ of Samuel Meant
Wife
Father's Name Isaac Fisher
Mother's Name Don't know.
Maiden NameCause of Death { Primary Malignant disease of stomach
Immediate Exhaustion
How long sick One year
Accident, Suicide, Homicide

Reported by G. H. Sees.

Address 40 [Redacted] Harney town. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Jamie May Williams
 Died at *Gambier* ^{Town} *Carroll* ^{County}

MARYLAND

Date of death 190 *2* ^{Month} *Dec* ^{Day} *4* ^{Years} *25* ^{Months} *7* ^{Days} *4*

Sex *Female* Color or Race *White* Birthplace *Md*

Married, Single or Widowed *Single* Occupation *None*

Name of Wife or Husband

Father's Name Birthplace *Md*

Mother's Maiden Name *Edith Bliggard* Birthplace *Md*

Name of person giving information *27* How related to deceased

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *2 mos*

Immediate *Heart Failure* How long *10*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. S. T. Gorman*

Address *Gambier Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full *Viola Yingling*
 Town *Mayberry* County *Harrell* MARYLAND
 Died at *Mayberry*
 Date 19*02* Month *June* Day *29* Y. *75* M. *75* D. *75* Native of *Ind.* Occupation *Farmer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☒ Widower ☐ Number of children living *6*

Husband of *Sarah Ann Yingling*
 Wife *Sarah Ann Yingling*
 Father's Name *George Yingling* Mother's Maiden Name *81*

Cause of Death { Primary *Arterio Sclerosis* How long sick *3 mos*
 Immediate *Gangrene* Accident, Suicide, Homicide

Reported by *Bernie M. H.*
 Address *Taney town*

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

